## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000053998 (8) DOCUMENT #

THE SALTY FEATHER, INC.

Principal Place of Business Mailing Address 3733 SOUTHSIDE BLVD 3733 SOUTHSIDE BLVD STF 9 STE 9 DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Date Incorporated or Qualified 07/18/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3258510 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 23 Trust Fund Contribution Added to Fees Zip Country Zip Country This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BOTTKO, JOHN 3394 SARAH SPAULDING DR. Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32223 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13, TITLE DELETE 1.1 TITLE BOTTKO JOHN 16930 SHELL CRACKER BOTTKO, JOHN, NAME 1.2 NAME 3394 SARAH SPAULDING DR. STREET ADDRESS 1.3 STREET ADDRESS JACKSON VILLE, FL JACKSOMVILLE FL 32223 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME

14. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE:

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

904-645-8998

**FILED** 

Jan 21 1998 8:00am

Secretary of State